

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 7359181 FILING DATE
APPLICANT(S)

	CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		49	43	1		1			
2	1					1	1	1			1			
3	1				1		1	1	1		1			
4	1					1	1	1			1			
5	1					1	1	1			1			
6	1					1	1	1			1			
7	1					1	1	1			1			
8	1					1	1	1			1			
9	1					1	1	1			1			
10	1					1	1	1			1			
11	1					1	1	1			1			
12	1					1	1	1			1			
13	1					1	1	1			1			
14	1					1	1	1			1			
15	1					1	1	1			1			
16	1					1	1	1			1			
17	1					1	1	1			1			
18	1					1	1	1			1			
19	1					1	1	1			1			
20	1					1	1	1			1			
21	1					1	1	1			1			
22	1					1	1	1			1			
23	1					1	1	1			1			
24	1					1	1	1			1			
25	1					1	1	1			1			
26	1					1	1	1			1			
27	1					1	1	1			1			
28	1					1	1	1			1			
29	1					1	1	1			1			
30	1					1	1	1			1			
31	1					1	1	1			1			
32	1					1	1	1			1			
33	1					1	1	1			1			
34	1					1	1	1			1			
35	1					1	1	1			1			
36	1					1	1	1			1			
37	1					1	1	1			1			
38	1					1	1	1			1			
39	1					1	1	1			1			
40	1					1	1	1			1			
41	1					1	1	1			1			
42	1					1	1	1			1			
43	1					1	1	1			1			
44	1					1	1	1			1			
45	44	13				1	1	1			1			
46	44	93				1	1	1			1			
47	44	23				1	1	1			1			
48	44	13				1	1	1			1			
49	44	93				1	1	1			1			
50	44	93				1	1	1			1			
TOTAL IND.						15								
TOTAL DEP.						357								
TOTAL CLAIMS						365								